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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/706,307			
		Filing Date	November 3, 2000			
		First Named Inventor	WHAYNE, JAMES G.			
		Group Art Unit	3742			
		Examiner Name	ROBINSON, DANIEL LEON			
Total Number of Pages in This Submission		Attorney Docket Number	CNVG-006			
<b>ENCLOSURES (check all that apply)</b>						
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)         </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="text-align: center;">postcard</div> </td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;">postcard</div>
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>						
Signing Attorney/Agent (Reg. No.)	CAROL M. LASALLE, 39,740 BOZICEVIC, FIELD & FRANCIS LLP					
Signature						
Date	June 14, 2004					

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<b>SUPPLEMENTAL AMENDMENT UNDER 37 C.F.R. §1.111</b>  Address to: Mail Stop ____ Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	CNVG-006
	Confirmation No.	6733
	First Named Inventor	WHAYNE, JAMES G.
	Application Number	09/706,307
	Filing Date	November 3, 2000
	Group Art Unit	3742
	Examiner Name	ROBINSON, DANIEL LEON
	Title: "HEART SUPPORT TO PREVENT VENTRICULAR REMODELING"	

Sir:

This Supplemental Amendment is supplemental to the Amendment filed on April 21, 2004 which was responsive to the Office Action dated January 21, 2004 for which a three-month period for response was given.

In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.